

CobraServ

New Employee/Covered Spouse Notification Form

Please notify the following new employee and/or new spouse of his/her COBRA continuation rights: ☐ New Employee ☐ Newly Covered Spouse

If an active covered employee who has been notified previously by CobraServ is adding a spouse to the plan, check here ☐

Employee SS # _____ Gender ☐ Male ☐ Female

Name of Employee _____
Last First Middle

Mailing Address _____
Street City State Zip

Home Phone # _____

Name of Spouse _____
Last First Middle

Note:

This employee has/a dependent(s) who live at the following **different** address(es):

Name Relationship to Employee
Mailing Address

Street City State Zip

Name Relationship to Employee
Mailing Address

Street City State Zip